## TOWN OF TRAIL CREEK POLICE DEPARTMENT

## REQUEST FOR SECURITY CHECK

No.	Officer Report #
ADDRESS:	NAME:
DEPARTURE DATE:	RETURN DATE:
PROBABLE ROUTE OF TRIP	
TYPE PREMISES: Residence   Business	☐ Lights on Timer Yes ☐ No ☐
	Location
HAVE KEYS BEEN LEFT WITH ANYONE? Yes	□ No □
IF YES, NAMEADDRES	SS PHONE
WILL ANYONE BE WORKING ABOUT OR HAVE	ACCESS TO PREMISES DURING YOU ABSENCE?
IF YES, NAMEADDRES	SSPHONE
ANY CARS PARKED OR IN GARAGE WHILE GO	
	E NOTIFIED BY COLLECT CALL? Yes I No Decrease Phone
I REQUEST A SECURITY CHECK BE MADE OF RETURN.	F MY PREMISES AND AGREE TO NOTIFY YOU OF MY
Signed	Date of Request

## OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER INITIALS